STD. 262 (REV.	EXPENSE CLAIM 9/2007)		ns and *Pri า Reverse S			Page	of	Pag	jes				
CLAIMANT'S NA	AME					SSN or EMPI	LOYEE NUM	BER*		_	RTMENT		
POSITION			DIVISION or BUREAU						INDEX NU	INDEX NUMBER			
RESIDENCE ADDRESS *							TERS ADDRI	ESS	TELEPHONE			NE NUMBEF	
CITY		STAT	E ZIP C	ODE		CITY			STATE ZIP CODE				
(1) NORMAL WC	DRK HOURS					(2) PRIVATE V	EHICLE LIC	ENSE NUI	MBER	(3) M	LEAGE RATE	CLAIMED	
(4) MONTH/YEAR	(6)	(7)	(8)	MEALS		(9)	TRANSPORTA	TION		(11)	(12)		
	LOCATION WHERE EXPENSES WERE INCURRED		BREAK- FAST	LUNCH	O.T., L/ N/C, REL OR DINNER	.O. INCIDEN- TALS	(10) (A) COST OF TRANS.	(B) (C) TYPE CARFARE,		(D) PRIVATE CAR USE		BUSINESS	TOTAL
DATE TIME		LODGING						USED	TOLLS, PARKING	MILES		EXPENSE	FOR DAY
(13)													
	SUBTOTALS												
COLUMN	CODE (ACCTG. USE ONLY	<u>') </u>											
	CLAIM TOTAL												
(14) PURPOSE	OF TRIP, REMARKS AND DETAILS (Attach receipts/v	ouchers whe	n required)						А	GENCY AC		OFFICE
										PAID	BY REVOLVIN	SE ONLY IG FUND CHE	CK NUMBE
(15)								. ,,					
used, a SAM Se	BY CERTIFY That the above is a true nd if mileage rates exceed the minimulations 0750, 0751, 0752, 0753 and 07	e statement of th um rate, I certify 754 pertaining to	e travel expe that the cost vehicle safety	enses incurred of operating to and seat be	a by me in the vehicle It usage.	accordance wi was equal to o	in DPA rules or greater thai	in the ser n the rate	vice of the State claimed, and tha	ot Califo t I have r	rnıa. It a priva net the require	itely owned ve ments as pre	enicle was scribed by
CLAIMANT'S SI			DATE						NG TRAVEL ANI			ATE	
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DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

Substitution Subs		Send		-	Data	Cle	ar	Print		Impo	tant Note	1				
INCREDITION CORD No. DIRECTOR'S CRETCE DO. D	TRA	VEL I	EXPENSE CLAIM	ONNEL ADMINIS	STRATION							Page	1 of	1 Pag	jes	
DRECTOR NON DRECTOR'S OFFICE 1000								SSN or EMPI	LOYEE NUMI	BER*						
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SACRAMENTO CA 95814 CA	Company of the compan											CONSTRUCTION OF THE PROPERTY O				
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Oct 29	(1) NOR	MAL WO	PRK HOURS					(2) PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MII	EAGE RATE	CLAIMED		
Weight Exception Supplementary Triangle Supplementary	(4) MON	TH/YEAR		(7)	(8)	MEALS		(9)	(10)	TRANSPORTA		TION		(11)	(12)	
1906 1907 1908 1908 1908 1908 1908 1908 1908 1909		. 29	LOCATION WHERE EXPENSES	Longwa		LUNCU	N/C, RE	LO. INCIDEN-	COST OF	TYPE	CARFARE,	(D) PRIVATE CAR USE			TOTAL EXPENSES	
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10.00		0750	Sacramento to Burbank	148.29						/RC			0.00		148.29	
Berkeley to Sacramento PC 0.00 0.	tr.	1740	Burbank to Oakland							A			0.00		0.00	
1730 1730		1830	Oakland to Berkeley			10.00			8.00	В			0.00		18.00	
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COLUMN CODE (ACCTG. USE ONLY) CLAIM TOTAL S166.2 COLUMN CODE (ACCTG. USE ONLY) CLAIM TOTAL S166.2 CALIM TOTAL AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 10-30 - Attended a meeting at UC Berkeley re: Right Care Summit 10-30 - Rode home with someone who attended the Right Care Summit Meeting. Please note: The Director parks in short-term parking, as a reasonable accommodation (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if milicage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have med the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle sately and seat belt usage. CLAIMANT'S SIGNATURE DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) DATE													0.00		0.00	
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